e through 07/31/2006. Approve U.S. Patent and Trademark U.S. DEPARTMENT OF COMMERCE s it displays a valid OMB control number are required to respond to a collection of information u **Application Number** 10/529,968 TRANSMITTAL Filing Date March 31, 2005 **FORM** First Named Inventor Weis et al. Art Unit 3753 **Examiner Name** Not Yet Known (to be used for all correspondence after initial filing) **Attorney Docket Number** SMB-PT131 (PC 03 298 B US) Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)											
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(Extension of Time Request Express Abandonment Request Information Disclosure Stater			ed eclaration(s) Request nent Request		Petition Petition Provisi Power Chang Termin Reque	ing-related in to Conve onal Appli of Attorne e of Corre hal Disclair st for Refu	Papers I Papers Int to a cation y, Revocat spondence ner Ind ID(s)	e Address		Appea of App Appea (Appea Propri Status Other below	Preliminary
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CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient											
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Typed or printed name			Randolph J. Huis							Date	August 24, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995 no possens are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/529.968 Application Number FEE TRANSMITTA Filing Date March 31, 2005 For FY 2005 Weis et al. First Named Inventor Not Yet Known **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3753 TOTAL AMOUNT OF PAYMENT (\$) 300.00 SMB-PT131 (PC 03 298 B US) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card None Money Order Other (please identify): 22-0493 Deposit Account Name: Volpe and Koenig, P.C. Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 100 250 200 Design 100 100 130 65 50 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) x 50.00 300.00 Fee Paid (\$) = 6 Fee (\$) HP = highest number of total claims paid for, if greater than 20 0.00 Fee Paid (\$) Extra Claims Fee (\$) x 200.00 HP = highest number of independent claims paid for, if greater than 3 08/31/2005 ATRAN1 00000118 10529968 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for an application size fee due) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof ____ (round up to a whole number) x 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. 34,626 Telephone 215-568-6400 Signature

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Name (Print/Type)| Randolph J. Huis

(Attorney/Agent)

Date August 24, 2005